

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7	1					
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
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16		1				
17	1					
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19	1					
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21		1				
22		1				
23		1				
24	1					
25		1				
26		1				
27	1					
28	2					
29		1				
30	1	1				
31						
32		1				
33	1					
34	2					
35	1					
36	1					
37		1				
38		1				
39	2					
40	6					
41	1					
42	1					
43	1					
44		9				
45		9				
46		9				
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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99						
100						
TOTAL IND.	18					
TOTAL DEP.	62					
TOTAL CLAIMS	80					